### United States Patent and Trademark Office

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## NOTICE OF ALLOWANCE AND FEE(S) DUE

5073

7590

06/15/2007

BAKER BOTTS L.L.P. 2001 ROSS AVENUE SUITE 600 DALLAS, TX 75201-2980 EXAMINER

LUKS, JEREMY AUSTIN

ART UNIT PAPER NUMBER

2837

DATE MAILED: 06/15/2007

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/770.938      | 02/03/2004  | Clinton R. Vedders   | 075949.0115         | 1628             |

TITLE OF INVENTION: ACCELERATED WEIGHT DROP FOR USE AS A SEISMIC ENEGRY SOURCE AND A METHOD OF OPERATION THEREOF

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES          | \$700         | \$300               | \$0                  | \$1000           | 09/17/2007 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further of indicated unless correcte maintenance fee notificat                                                                            | correspondence including d below or directed oth ions.                                                                                                                       | ig the Patent, advance or<br>herwise in Block 1, by (a   | ders and notification of specifying a new cor                                                         | of mai                               | intenance fees will<br>ondence address; ar | be mand/or (l | ailed to the current of the current | correspondence address as ate "FEE ADDRESS" for                                                                                      |
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| CURRENT CORRESPONDE                                                                                                                                        | NCE ADDRESS (Note: Use Bl                                                                                                                                                    | ock 1 for any change of address)                         | F                                                                                                     | ee(s)                                | Transmittal, This c                        | ertifica      | ate cannot be used for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | domestic mailings of the<br>r any other accompanying<br>t or formal drawing, must                                                    |
| BAKER BOTT<br>2001 ROSS AVE<br>SUITE 600                                                                                                                   | ENUE                                                                                                                                                                         |                                                          | ī                                                                                                     | hérek                                | Certify                                    | icate of      | f Mailing or Transm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                      |
| DALLAS, TX 75                                                                                                                                              | 201-2980                                                                                                                                                                     |                                                          |                                                                                                       |                                      |                                            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Depositor's name)                                                                                                                   |
|                                                                                                                                                            |                                                                                                                                                                              |                                                          |                                                                                                       |                                      |                                            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Signature)                                                                                                                          |
| APPLICATION NO.                                                                                                                                            | FILING DATE                                                                                                                                                                  |                                                          | FIRST NAMED INVENT                                                                                    | OR                                   | A                                          | TTORN         | NEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONFIRMATION NO.                                                                                                                     |
| 10/770,938                                                                                                                                                 | 02/03/2004                                                                                                                                                                   |                                                          | Clinton R. Vedders                                                                                    |                                      |                                            | 07            | 75949.0115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1628                                                                                                                                 |
|                                                                                                                                                            | I: ACCELERATED W                                                                                                                                                             | EIGHT DROP FOR US                                        | SE AS A SEISMIC E                                                                                     | NEGI                                 | RY SOURCE AN                               | D A N         | METHOD OF OPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RATION                                                                                                                               |
| APPLN. TYPE                                                                                                                                                | SMALL ENTITY                                                                                                                                                                 | ISSUE FEE DUE                                            | PUBLICATION FEE DU                                                                                    | JE P                                 | PREV. PAID ISSUE F                         | EE            | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE DUE                                                                                                                             |
| nonprovisional                                                                                                                                             | YES                                                                                                                                                                          | \$700                                                    | \$300                                                                                                 |                                      | \$0                                        |               | \$1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 09/17/2007                                                                                                                           |
| EXAMI                                                                                                                                                      | NER                                                                                                                                                                          | ART UNIT                                                 | CLASS-SUBCLASS                                                                                        |                                      |                                            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |
| LUKS, JEREN                                                                                                                                                | MY AUSTIN                                                                                                                                                                    | 2837                                                     | 181-121000                                                                                            |                                      |                                            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |
| 1. Change of corresponde CFR 1:363).  Change of corresponders form PTO/SB  "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME Al | 2. For printing on th (1) the names of up or agents OR, altern (2) the name of a sir registered attorney of 2 registered patent a listed, no name will  THE PATENT (print or | to 3<br>nativel<br>ngle f<br>or age<br>attorned<br>be pr | registered patent a<br>ly,<br>firm (having as a ment) and the names<br>eys or agents. If no<br>inted. | ember                                | a 2                                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |
| (A) NAME OF ASSIC                                                                                                                                          | GNEE                                                                                                                                                                         |                                                          | (B) RESIDENCE: (CI                                                                                    | ITY a                                | nd STATE OR CO                             | UNTR          | Y)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cument has been filed for                                                                                                            |
| Please check the appropri                                                                                                                                  | ate assignee category or                                                                                                                                                     | categories (will not be pr                               | inted on the patent):                                                                                 | Ų Ir                                 | ndividual U Corp                           | oration       | or other private grou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ip entity Government                                                                                                                 |
| 4a. The following fee(s) a  Issue Fee Publication Fee (N Advance Order - #                                                                                 | o. Payment of Fec(s): (P                                                                                                                                                     | ed.<br>card.<br>ebv a                                    | Form PTO-2038 is uthorized to charge                                                                  | s attach                             | ned.<br>puired fee(s), any defi            | ·             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |
|                                                                                                                                                            | tus (from status indicated s SMALL ENTITY state                                                                                                                              |                                                          | □ 5 A.m.1:                                                                                            |                                      | - alaimin - CMATT                          | CAITI         | TV -t-t S 27 CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D 1 27/-)/2)                                                                                                                         |
| NOTE: The Issue Fee and                                                                                                                                    | Publication Fee (if requ                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                    | b. Applicant is no led from anyone other that                                                         |                                      |                                            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | assignee or other party in                                                                                                           |
|                                                                                                                                                            |                                                                                                                                                                              |                                                          |                                                                                                       |                                      | Data                                       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |
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|                                                                                                                                                            |                                                                                                                                                                              |                                                          |                                                                                                       | or reta<br>estim<br>divid<br>fficer, |                                            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, |

PTOL-85 (Rev. 07/06) Approved for use through 06/30/2007.

OMB 0651-0033

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.           | FIL        | FILING DATE |  | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.            | CONFIRMATION NO.    |  |  |
|---------------------------|------------|-------------|--|----------------------|--------------------------------|---------------------|--|--|
| 10/770,938                | 02/03/2004 |             |  | Clinton R. Vedders   | 075949.0115                    | 1628                |  |  |
| 5073                      | 7590       | 06/15/2007  |  | •                    | EXAM                           | MINER               |  |  |
| BAKER BOTTS L.L.P.        |            |             |  |                      | LUKS, JERE                     | LUKS, JEREMY AUSTIN |  |  |
| 2001 ROSS AV              |            |             |  |                      | ART UNIT                       | PAPER NUMBER        |  |  |
| SUITE 600<br>DALLAS, TX 7 | 5201-2980  |             |  |                      | 2837<br>DATE MAILED: 06/15/200 | 07                  |  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 430 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 430 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 (571)-272-4200.